

RSA JUVENILE DATA COLLECTION FORM

Note: Put 9s where the information is UNKNOWN; if you have a date put 99-99-9999 or if you have an age/score etc. put 999. Put 333s where the information is NOT APPLICABLE.

DEMOGRAPHICS:

1a. Clients First Name:	1b. Clients Middle Name:	1c. Clients Last Name:
2. DOB: ____-____-_____ <i>(MM-DD-YYYY)</i>	3. SS#: ____-____-____	4. Gender: <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
5. Offenders Juvenile Justice System Status: <input type="checkbox"/> 1. Never was adjudicated <input type="checkbox"/> 2. Diversion Client <input type="checkbox"/> 3. Adjudicated Juvenile <input type="checkbox"/> 9. Unknown		
5a. County of Adjudication/Diversion: (Circle one)		
1. Adams 2. Alamosa 3. Arapahoe 4. Archuleta 5. Baca 6. Bent 7. Boulder 8. Broomfield 9. Chaffee 10. Cheyenne 11. Clear Creek 12. Conejos 13. Costilla 14. Crowley 15. Custer 16. Delta	17. Denver 18. Dolores 19. Douglas 20. Eagle 21. Elbert 22. El Paso 23. Fremont 24. Garfield 25. Gilpin 26. Grand 27. Gunnison 28. Hinsdale 29. Huerfano 30. Jackson 31. Jefferson 32. Kiowa	33. Kit Carson 34. Lake 35. La Plata 36. Larimer 37. Las Animas 38. Lincoln 39. Logan 40. Mesa 41. Mineral 42. Moffat 43. Montezuma 44. Montrose 45. Morgan 46. Otero 47. Ouray 48. Park
49. Phillips 50. Pitkin 51. Prowers 52. Pueblo 53. Rio Blanco 54. Rio Grande 55. Routt 56. Saguache 57. San Juan 58. San Miguel 59. Sedgwick 60. Summit 61. Teller 62. Washington 63. Weld 64. Yuma		

PARENT INFORMATION:

	6. MOTHER	7. FATHER
a. First Name		
b. Last Name		
c. Social Security Number	____-____-____	____-____-____
d. Employed	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
e. Street Address		
f. City		
g. State		
h. Zip Code		

ORIGINAL RESEARCH CONSENT:

8. Signed Original Research Consent in the File: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	9. Date of Original Signed Research Consent: ____-____-____ <i>(MM-DD-YYYY)</i>	10. Parents/Guardians Signature: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
---	--	---

RETURN TO RSA FOR TREATMENT

11. Was there evidence in the file that the offender returned to RSA for further treatment as a:		
a. Juvenile: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	a1. If yes , how many times did the offender return as a juvenile? _____	
	a2. If yes , reason(s) for returning? _____	
b. Adult: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	b1. If yes , how many times did the offender return as an adult? _____	
	b2. If yes , reasons(s) for returning? _____	

INTAKE or EVALUATION:

		Initial Treatment	Returning Juvenile	Returning Adult
12. Offender underwent an...	1=Intake/PA with treatment 2=Evaluation with treatment 3=Both (Intake and Evaluation) with treatment 4=Intake only no treatment 5=Evaluation only no treatment 6=Both (Intake and Evaluation) no treatment 9=Unknown			
12a. If the offender underwent an evaluation was it done by...	1=RSA 2=Other treatment provider 3=Both 9=Unknown			

Date Intake/Evaluation Completed (take the last date if there are several)			
	Initial Treatment	Returning Juvenile	Returning Adult
13a. Date of intake...	____-____-____ (MM-DD-YYYY)	____-____-____ (MM-DD-YYYY)	____-____-____ (MM-DD-YYYY)
13b. Date of evaluation...	____-____-____ (MM-DD-YYYY)	____-____-____ (MM-DD-YYYY)	____-____-____ (MM-DD-YYYY)

14. Who Referred for the Intake/Evaluation:									
	Initial Treatment			Returning Juvenile			Returning Adult		
	Yes	No	Unk	Yes	No	Unk	Yes	No	Unk
a. Department of Human Services (DHS)	①	②	⑨	①	②	⑨	①	②	⑨
b. Diversion	①	②	⑨	①	②	⑨	①	②	⑨
c. Probation	①	②	⑨	①	②	⑨	①	②	⑨
d. Department of Youth Corrections (DYC)	①	②	⑨	①	②	⑨			
e. Parents/Guardians	①	②	⑨	①	②	⑨	①	②	⑨
f. Department of Corrections (DOC)							①	②	⑨
g. Community Corrections							①	②	⑨
h. Other(s) Specify...									

		Initial Treatment	Returning Juvenile	Returning Adult
15. Level of Risk...				
15a. Source of this information...	1=Intake/Preliminary Assessment 2=Evaluation 3=Other (specify)			

TREATMENT:

		Initial Treatment	Returning Juvenile	Returning Adult
16. Date treatment contract signed (take the earliest date)		____-____-____ (MM-DD-YYYY)	____-____-____ (MM-DD-YYYY)	____-____-____ (MM-DD-YYYY)

17. Who Referred for Treatment at RSA:									
	Initial Treatment			Returning Juvenile			Returning Adult		
	Yes	No	Unk	Yes	No	Unk	Yes	No	Unk
a. Department of Human Services (DHS)	①	②	⑨	①	②	⑨	①	②	⑨
b. Diversion	①	②	⑨	①	②	⑨	①	②	⑨
c. Probation	①	②	⑨	①	②	⑨	①	②	⑨
d. Department of Youth Corrections (DYC)	①	②	⑨	①	②	⑨			
e. Parents/Guardians	①	②	⑨	①	②	⑨	①	②	⑨
f. Department of Corrections (DOC)							①	②	⑨
g. Community Corrections							①	②	⑨
h. Other(s) Specify...									

TREATMENT SERVICES:

18. Type of RSA Therapy: *(Psycho-education refers to any group focused on a topic; Process Oriented makes up anything i.e. family, individual, etc.)*

1. Psycho-educational 2. Process Oriented 3. Both 9. Unknown

19. Topic Areas Covered in Treatment:

	Initial Treatment						Returning Juvenile						Returning Adult					
	RSA			Non-RSA			RSA			Non-RSA			RSA			Non-RSA		
	Yes	No	Unk	Yes	No	Unk	Yes	No	Unk	Yes	No	Unk	Yes	No	Unk	Yes	No	Unk
a. Treatment Orientation	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
b. Sex History Disclosure	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
c. Sexual Abuse Cycle	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
d. Covert Sensitization	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
e. Cognitive Restructuring	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
f. Social Skills Development	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
g. Relapse Prevention	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
h. Victim Impact Awareness	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
i. Self-Esteem Development	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
j. Intimacy/Sexuality	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
k. Own Trauma Issues/ROOTS	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨	①	②	⑨
l. Other(s) Specify:																		

TERMINATION

20. Date Treatment Terminated...	Initial Treatment ----- (MM-DD-YYYY)	Returning Juvenile ----- (MM-DD-YYYY)	Returning Adult ----- (MM-DD-YYYY)
---	---	--	---

21. Termination Status...	1=Successful Completion 2=Unsuccessful Completion 3=Maximum Benefit from Treatment 9=Unknown	Initial Treatment ① ② ③ ⑨	Returning Juvenile ① ② ③ ⑨	Returning Adult ① ② ③ ⑨
----------------------------------	---	--	---	--

TERMINATION CONTINUED...

22. Reason for Termination...									
	Initial Treatment			Returning Juvenile			Returning Adult		
	<i>Yes</i>	<i>No</i>	<i>Unk</i>	<i>Yes</i>	<i>No</i>	<i>Unk</i>	<i>Yes</i>	<i>No</i>	<i>Unk</i>
a. Dropped Out	①	②	⑨	①	②	⑨	①	②	⑨
b. Successful Completion	①	②	⑨	①	②	⑨	①	②	⑨
c. Placed in Residential Treatment Facility	①	②	⑨	①	②	⑨	①	②	⑨
d. Incarcerated	①	②	⑨	①	②	⑨	①	②	⑨
e. Re-offended	①	②	⑨	①	②	⑨	①	②	⑨
f. Treatment Non-Compliance	①	②	⑨	①	②	⑨	①	②	⑨
g. Probation Non-Compliance	①	②	⑨	①	②	⑨	①	②	⑨
h. Other(s) Specify...									

ANY INDICATION OF...

CHILD ABUSE															
23. Any Indication of Being Abused as a Child?															
		Initial Treatment			Returning Juvenile			Returning Adult							
		<i>Yes</i>	<i>No</i>	<i>Unk</i>	<i>Yes</i>	<i>No</i>	<i>Unk</i>	<i>Yes</i>	<i>No</i>	<i>Unk</i>					
		①	②	⑨	①	②	⑨	①	②	⑨					
A. Relationship of the Abuser?		B. Type of Abuse?				C. Gender of Abuser?			D. Age of Abuser?		E. Disclosed During?				
		1=Yes 2=No 9=Unknown				1=Male 2=Female 3=Both			1=Adult 2=Juvenile 3=Both 9=Unknown		I=Initial Treatment RJ=Returning Juvenile RA=Returning Adult 1=Yes; 2=No; 9=Unknown				
	<i>Yes</i> <i>No</i>	<i>Sexual</i>	<i>Physical</i>	<i>Emotional</i>	<i>Neglect</i>	<i>M</i>	<i>F</i>	<i>B</i>	<i>A</i>	<i>J</i>	<i>B</i>	<i>U</i>	<i>I</i>	<i>RJ</i>	<i>RA</i>
1. Mother	① ②	① ② ⑨	① ② ⑨	① ② ⑨	① ② ⑨		②		① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨
2. Father	① ②	① ② ⑨	① ② ⑨	① ② ⑨	① ② ⑨	①			① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨
3. Step-Mom	① ②	① ② ⑨	① ② ⑨	① ② ⑨	① ② ⑨		②		① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨
4. Step-Dad	① ②	① ② ⑨	① ② ⑨	① ② ⑨	① ② ⑨	①			① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨
5. Sibling	① ②	① ② ⑨	① ② ⑨	① ② ⑨	① ② ⑨	①	②	③	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨
6. Other Family Member	① ②	① ② ⑨	① ② ⑨	① ② ⑨	① ② ⑨	①	②	③	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨
7. Non-Family	① ②	① ② ⑨	① ② ⑨	① ② ⑨	① ② ⑨	①	②	③	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨
8. Peer	① ②	① ② ⑨	① ② ⑨	① ② ⑨	① ② ⑨	①	②	③	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨
24. Source of this Information: <input type="checkbox"/> 1. Self-Report <input type="checkbox"/> 2. Collateral <input type="checkbox"/> 3. Both <input type="checkbox"/> 9. Unknown															

Continue Any Indication of on the next two pages...

CONTINUED ANY INDICATION OF...

	Initial Treatment			Returning Juvenile			Returning Adult		
	Yes	No	Unk	Yes	No	Unk	Yes	No	Unk
MENTAL HEALTH CONDITION/DIAGNOSIS									
25. Any Indication of a Mental Health Condition/Diagnosis?	①	②	⑨	①	②	⑨	①	②	⑨
25a. <i>If Yes, what type of disorder(s)?</i>									
26. Any Indication of Medication Use Prior to RSA:	①	②	⑨	①	②	⑨	①	②	⑨
26a. <i>If yes, what type of medication...</i>									
27. Any Indication of Medication Use Currently at RSA:	①	②	⑨	①	②	⑨	①	②	⑨
27a. <i>If yes, what type of medication...</i>									
28. Source of this Information: <input type="checkbox"/> 1. Self-Report <input type="checkbox"/> 2. Collateral <input type="checkbox"/> 3. Both <input type="checkbox"/> 9. Unknown									
LEARNING DISABILITY									
29. Any Indication of a learning disability?	①	②	⑨	①	②	⑨	①	②	⑨
29a. <i>If Yes, what type of learning disability(s)?</i>									
30. Source of this Information: <input type="checkbox"/> 1. Self-Report <input type="checkbox"/> 2. Collateral <input type="checkbox"/> 3. Both <input type="checkbox"/> 9. Unknown									
FAILING A GRADE?									
31. Any Indication of failing a grade?	①	②	⑨	①	②	⑨	①	②	⑨
31a. <i>If Yes, what grade(s) failed?</i>									
32. Any Indication of being Suspended from School?	①	②	⑨	①	②	⑨	①	②	⑨
32a. <i>If Yes, Reason for Suspension?</i>									
33. Any Indication of being Expelled from School?	①	②	⑨	①	②	⑨	①	②	⑨
33a. <i>If Yes, Reason for Expulsion?</i>									
34. Source of this Information: <input type="checkbox"/> 1. Self-Report <input type="checkbox"/> 2. Collateral <input type="checkbox"/> 3. Both <input type="checkbox"/> 9. Unknown									

Continue Any Indication of on the next page...

CONTINUED ANY INDICATION OF...

	Initial Treatment			Returning Juvenile			Returning Adult		
	Yes	No	Unk	Yes	No	Unk	Yes	No	Unk
HISTORY OF...									
35. Any History of Fire Setting?	①	②	⑨	①	②	⑨	①	②	⑨
35a. Source of this Information: <input type="checkbox"/> 1. Self-Report <input type="checkbox"/> 2. Collateral <input type="checkbox"/> 3. Both <input type="checkbox"/> 9. Unknown									
36. Any History of Cruelty to Animals?	①	②	⑨	①	②	⑨	①	②	⑨
36a. Source of this Information: <input type="checkbox"/> 1. Self-Report <input type="checkbox"/> 2. Collateral <input type="checkbox"/> 3. Both <input type="checkbox"/> 9. Unknown									
37. Any History of Bed Wetting?	①	②	⑨	①	②	⑨	①	②	⑨
37a. Source of this Information: <input type="checkbox"/> 1. Self-Report <input type="checkbox"/> 2. Collateral <input type="checkbox"/> 3. Both <input type="checkbox"/> 9. Unknown									
38. Any History of Head Injuries? <i>(If there is any mention of an injury to the head, record it)</i>	①	②	⑨	①	②	⑨	①	②	⑨
38a. Source of this Information: <input type="checkbox"/> 1. Self-Report <input type="checkbox"/> 2. Collateral <input type="checkbox"/> 3. Both <input type="checkbox"/> 9. Unknown									
39. Other(s) Specify...									
39a. Source of this Information: <input type="checkbox"/> 1. Self-Report <input type="checkbox"/> 2. Collateral <input type="checkbox"/> 3. Both <input type="checkbox"/> 9. Unknown									

MONTHLY PROGRESS REPORTS:

<i>Total Number of Treatment Sessions:</i>									
	Initial Treatment			Returning Juvenile			Returning Adult		
	Scheduled	Attended	Missed	Scheduled	Attended	Missed	Scheduled	Attended	Missed
40. Individual Sessions:									
41. Group Sessions:									
42. Family Sessions:									
43. Individual/Family:									
44. Parent Group:									
45. Other:									

INSTRUCTIONS:

FILL OUT THE TABLE THAT CORRESPONDS WITH THE AGE OF THE OFFENDER (EITHER Q46 OR Q47).

46. FILL OUT FOR THOSE 13+ YEARS OLD (Fill in the score) 9=Unknown; 333=NA						
	Initial Treatment		Returning Juvenile		Returning Adult	
	3 rd from Start Report	3 rd from Last Report	3 rd from Start Report	3 rd from Last Report	3 rd from Start Report	3 rd from Last Report
a. Completion of assignments						
b. Quality of assignments completed						
c. Adheres to program rules/guidelines						
d. Maintain financial responsibility for treatment						
e. Appropriate participation in sessions						
f. Willing to address personal issues in sessions						
g. Accepts feedback without denial or defensiveness						
h. Ability/willingness to utilize feedback						
i. Ability to give other constructive feedback						
j. Accepts responsibility for sexual offense						
k. Acknowledgement/awareness of victim impact						
l. Knowledge of sexual assault cycle						
m. Acknowledgement of sexual deviance patterns						
n. Decrease in power/control behaviors						
o. Awareness of high risk situations						
p. Utilization of newly learned skills						
q. At risk (1=Yes; 2=No; 3=NA; 9=Unknown)						
OVERALL SCORES						
r. Overall Group Participation Score						
s. Overall Individual Participation Score						
t. Overall Treatment Compliance Score						
u. Overall Score						

47. FILL OUT FOR THOSE 12 YEARS OLD & UNDER (Fill in the score) 9=Unknown; 333=NA				
	Initial Treatment		Returning Juvenile	
	3 rd from Start Report	3 rd from Last Report	3 rd from Start Report	3 rd from Last Report
a. Obeys contract rules/guidelines				
b. Maintain financial responsibility for treatment services				
c. Parent/Guardian participation in treatment				
d. Follows rules during group/individual sessions				
e. Talks about own thoughts and feelings in sessions				
f. Listens to feedback from other peers/therapists				
g. Uses feedback to change own behavior				
h. Willing to give peers non-offensive feedback				
i. Responsibility for own inappropriate sexual touching				
j. Develop understanding how sexual actions affect others				
k. Knows steps leading to inappropriate sexual touching				
l. Knows/displays difference appropriate sexual touching				
m. Doesn't use negative power/control to solve problems				
n. Is applying new things learned in group sessions				
o. Will talk problems contribute to sexual touching				
p. At risk (1=Yes; 2=No; 3=NA; 9=Unknown)				
OVERALL SCORES				
q. Overall Group Participation Score				
r. Overall Individual Participation Score				
s. Overall Treatment Compliance Score				
t. Overall Score				

ASSESSMENTS:

48. Minnesota Multiphasic Personality Inventory (MMPI)

Type of Test	Initial Treatment			Returning Juvenile			Returning Adult		
	Taken Test <i>1=Yes 2=No 3=Yes, but results not in the file 9=Unknown</i>	Done by RSA or Non-RSA <i>1=RSA 2=Non-RSA 9=Unknown</i>	Date <i>(MM-DD-YYYY)</i>	Taken Test <i>1=Yes 2=No 3=Yes, but results not in the file 9=Unknown</i>	Done by RSA or Non-RSA <i>1=RSA 2=Non-RSA 9=Unknown</i>	Date <i>(MM-DD-YYYY)</i>	Taken Test <i>1=Yes 2=No 3=Yes, but results not in the file 9=Unknown</i>	Done by RSA or Non-RSA <i>1=RSA 2=Non-RSA 9=Unknown</i>	Date <i>(MM-DD-YYYY)</i>
a. Minnesota Multiphasic Personality Inventory (MMPI):	① ② ③ ⑨	① ② ⑨		① ② ③ ⑨	① ② ⑨		① ② ③ ⑨	① ② ⑨	
b. Minnesota Multiphasic Personality Inventory-2 (MMPI-2):	① ② ③ ⑨	① ② ⑨		① ② ③ ⑨	① ② ⑨		① ② ③ ⑨	① ② ⑨	
c. Minnesota Multiphasic Personality Inventory-Adolescents (MMPI-A):	① ② ③ ⑨	① ② ⑨		① ② ③ ⑨	① ② ⑨				

49. MMPI SCORES (Fill in the score)				50. MMPI-2 Scores (Fill in the score)				51. MMPI-A Scores (Fill in the score)		
	Initial Treatment	Returning Juvenile	Returning Adult		Initial Treatment	Returning Juvenile	Returning Adult		Initial Treatment	Returning Juvenile
?				?				?		
L				L				VRIN		
F				F				TRIN		
K				K				F1		
Hs				Hs				F2		
D				D				F		
Hy				Hy				L		
Pd				Pd				K		
Mf				Mf				Hs		
Pa				Pa				D		
Pt				Pt				Hy		
Sc				Sc				Pd		
Ma				Ma				Mf		
Si				Si				Pa		
A								Pt		
R								Sc		
Es								Ma		
MAC								Si		

CONTINUED ASSESSMENTS...

52. Multiphasic Sex Inventory (MSI)									
Type of Test	Initial Treatment			Returning Juvenile			Returning Adult		
	Taken Test <i>1=Yes 2=No 3=Yes, but results not in the file 9=Unknown</i>	Done by RSA or Non-RSA <i>1=RSA 2=Non-RSA 9=Unknown</i>	Date <i>(MM-DD-YYYY)</i>	Taken Test <i>1=Yes 2=No 3=Yes, but results not in the file 9=Unknown</i>	Done by RSA or Non-RSA <i>1=RSA 2=Non-RSA 9=Unknown</i>	Date <i>(MM-DD-YYYY)</i>	Taken Test <i>1=Yes 2=No 3=Yes, but results not in the file 9=Unknown</i>	Done by RSA or Non-RSA <i>1=RSA 2=Non-RSA 9=Unknown</i>	Date <i>(MM-DD-YYYY)</i>
a. Multiphasic Sex Inventory (MSI):	① ② ③ ⑨	① ② ⑨		① ② ③ ⑨	① ② ⑨		① ② ③ ⑨	① ② ⑨	
b. Multiphasic Sex Inventory-Juveniles (MSI-J):	① ② ③ ⑨	① ② ⑨		① ② ③ ⑨	① ② ⑨				

	Initial Treatment	Returning Juvenile	Returning Adult
53. Level of Treatment Motivation:			

54. MSI or MSI-J Scores (Fill in the numeric score)			
	Initial Treatment	Returning Juvenile	Returning Adult
a. Social/Sexual Desirability (SSD) Scale			
b. Sexual Obsessions (SO) Scale			
c. Cognitive Distortion/Immaturity (CDI) Scale			
d. Justification (Ju) Index			
e. Treatment (TA) Index			
f. Sex Knowledge and Beliefs (SKB) Scale			

PLETHYSMOGRAPH: (Record only the first ten plethysmographs, but also record the total number given)

		Initial Treatment				Returning Juvenile				Returning Adult			
55. Ever taken a plethysmograph test:	1=Yes 2=No 3=Yes, but results not in the file 9=Unknown	①	②	③	⑨	①	②	③	⑨	①	②	③	⑨
56. Total number of plethysmographs(s) taken?													

57.		PPG #1	PPG #2	PPG #3	PPG #4	PPG #5	PPG #6	PPG #7	PPG #8	PPG #9	PPG #10
Date of Test:	(MM-DD-YYYY)										
Tested During:	1=Initial Treatment 2=Returning Juvenile 3=Returning Adult 4=Before RSA Treatment 5=After RSA Treatment										
Initial Test or Recheck	1=Initial 2=Recheck 9=Unknown										

Areas of Arousal (Fill in the bubble to indicate whether the plethysmograph indicate arousal areas from the following cues: 1= significant; 2= not significant; 3=cue not run; 9=unknown)

Juvenile Cues											
d. FA Voyeurism											
e. MC Coercive Intercourse											
f. Ma- Coercive Intercourse											
g. FC Coercive Intercourse											
h. Fa+ Rape											
i. Fa+ Intercourse											
j. Fa- Coercive Intercourse											
k. Fa+ Frottage											
l. Sister/Niece Intercourse											
m. Ma+ Physical Aggression											
n. Ma- Intercourse											
o. Fa+ Exhibitionism											
p. Fa- Intercourse											
q. Brother/Nephew Masturbate											
r. Control Cue											
s. Fa+ Physical Aggression											
t. Ma+ Mutual Masturbation											
u. Ma+ Rape											
v. FA Rape											

Continue on the next page for adult cues...

Revised 2/24/2006

Office of Research & Statistics, Division of Criminal Justice

Continued...Q57. (Fill in the bubble to indicate whether the plethysmograph indicate arousal areas from the following cues: 1= significant; 2= not significant; 3=cue not run; 9=unknown)

	PPG #1	PPG #2	PPG #3	PPG #4	PPG #5	PPG #6	PPG #7	PPG #8	PPG #9	PPG #10
Adult Cues										
w. BASELINE										
x. F-TEEN-CMP										
y. M-ADLT-CON										
z. F-PR/S-C										
aa. F-ADLT-CON										
bb. M-PR/S-CMP										
cc. M-TEEN-C										
dd. F-INFANT										
ee. F-GRMR-CMP										
ff. M-TEEN-CMP										
gg. F-ADLT-X										
hh. M-GRMR-CMP										
ii. F-ADLT-C										
jj. M-GRMR-C										
kk. M-INFANT										
ll. F-GRMR-C										
mm. M-ADLT-C										
nn. F-PR/S-CMP										
oo. F-TEEN-C										
pp. M-PR/S-C										
qq. VIOLENT FEMALE										
rr. F CHALLENGE										

POLYGRAPHS: (Record only the first twenty polygraphs, but also record the total number given)

		Initial Treatment	Returning Juvenile	Returning Adult
58. Ever taken a polygraph test:	1=Yes 2=No 3=Yes, but results not in the file 9=Unknown	① ② ③ ⑨	① ② ③ ⑨	① ② ③ ⑨
59. Total number of polygraph(s) taken?				

60. A. Date <i>(MM-DD-YYYY)</i>	B. Type			C. Results	D. High Risk Behaviors											E. Disclosed During
	1=Disclosure 2= Maintenance 3=Specific Issue	1=No Opinion 2=Significant Reaction 3=Non-Significant Reaction 4=Exam Terminated 5=Exam Sabotaged	DA=Drug & Alcohol Use and Abuse MV=Masturbation to Thoughts of Victim MC=Masturbation to Thoughts of a Child PA=Physical Assault	C=Contact with a Prohibited Individual HO=Newly Disclosed Historical Offense RO=Reoffense since Starting Treatment P=Porn	US=Unauthorized Sexual Contact UC=Unauthorized Contact with Younger Children Other: (Specify)	<i>1=Yes; 2=No; 9=Unknown</i>										
	<i>D</i>	<i>M</i>	<i>SI</i>		<i>DA</i>	<i>MV</i>	<i>MC</i>	<i>PA</i>	<i>C</i>	<i>HO</i>	<i>RO</i>	<i>P</i>	<i>US</i>	<i>UC</i>	<i>Other</i>	
1.	①	②	③													
2.	①	②	③													
3.	①	②	③													
4.	①	②	③													
5.	①	②	③													
6.	①	②	③													
7.	①	②	③													
8.	①	②	③													
9.	①	②	③													
10.	①	②	③													
11.	①	②	③													
12.	①	②	③													
13.	①	②	③													
14.	①	②	③													
15.	①	②	③													
16.	①	②	③													
17.	①	②	③													
18.	①	②	③													
19.	①	②	③													
20.	①	②	③													

INVOLVEMENT IN CASE:

61. Professionals Involved in the Case (Excluding RSA Therapists):

	Initial Treatment			Returning Juvenile			Returning Adult		
	Yes	No	Unk	Yes	No	Unk	Yes	No	Unk
a. Attorney	①	②	⑨	①	②	⑨	①	②	⑨
b. Diversion Counselor	①	②	⑨	①	②	⑨	①	②	⑨
c. Probation Officer	①	②	⑨	①	②	⑨	①	②	⑨
d. NYC Officer	①	②	⑨	①	②	⑨			
e. Department of Corrections (DOC)							①	②	⑨
f. Community Corrections							①	②	⑨
g. Social Services Caseworker	①	②	⑨	①	②	⑨	①	②	⑨
h. Victim Therapist	①	②	⑨	①	②	⑨	①	②	⑨
i. Outside Private Therapist	①	②	⑨	①	②	⑨	①	②	⑨
j. Other(s) Specify									

LIVING ARRANGEMENTS:

62. Address at Start of Treatment:

	Initial Treatment	Returning Juvenile	Returning Adult
a. Street			
b. City			
c. Zip			

63. Address at End of Treatment:

	Initial Treatment	Returning Juvenile	Returning Adult
a. Street			
b. City			
c. Zip			

64. Number of Address Changes During Treatment as Noted on the Status Sheets:

	Initial Treatment	Returning Juvenile	Returning Adult
	<i>9=Unknown</i>	<i>9=Unknown</i>	<i>9=Unknown</i>
a. Prior to Treatment at RSA	① ② ③ ④ ⑤+ ⑨	① ② ③ ④ ⑤+ ⑨	① ② ③ ④ ⑤+ ⑨
b. During Treatment at RSA	① ② ③ ④ ⑤+ ⑨	① ② ③ ④ ⑤+ ⑨	① ② ③ ④ ⑤+ ⑨

65. Types of Living Arrangements at Referral for Treatment: (Please fill in the bubble with the correct response)

	Initial Treatment			Returning Juvenile			Returning Adult		
	Yes	No	Unk	Yes	No	Unk	Yes	No	Unk
a. Living in a residential treatment facility	①	②	⑨	①	②	⑨	①	②	⑨
b. Living with two biological parents	①	②	⑨	①	②	⑨	①	②	⑨
c. Living with one biological parent and a step-parent	①	②	⑨	①	②	⑨	①	②	⑨
d. Living with only one parent	①	②	⑨	①	②	⑨	①	②	⑨
e. Living with foster parents	①	②	⑨	①	②	⑨	①	②	⑨
f. Living with Siblings	①	②	⑨	①	②	⑨	①	②	⑨

If YES (Please fill in the bubble with the number of siblings: 0,1,2,3,4,5+)

f1. Younger female siblings			
f2. Older female siblings			
f3. Younger male siblings			
f4. Older male siblings			
g. Other(s) Specify:			

OFFENSE AND VICTIM INFORMATION (Record the first 30 offenses/victims)

66. Total Number of: (Record 0 if no disclosures have been made)

a. Referral Offense(s): _____
 b. Historical Offense(s) Disclosed: _____
 c. Reoffense(s) since starting treatment: _____

d. Disclosures when returned to treatment as a juvenile: _____
 e. Disclosures when returned to treatment as an adults: _____

67.		OFFENDER							VICTIM																		
Offense <i>1=Referral Offense(s)</i> <i>2=Disclosed Historical Offense(s)</i> <i>3=Reoffense(s) since starting treatment</i> <i>4=Disclosed when returned as a juvenile</i> <i>5=Disclosed when returned as an adult</i> <i>9=Unknown</i>	Age at Offense <i>999= Unknown</i>	Relationship to Victim <i>1=Stranger</i> <i>2=Acquaintance</i> <i>3=Neighbor</i> <i>4=Friend</i> <i>5=POT</i> <i>6=Siblings</i> <i>7=Parent</i> <i>8=Cousin</i> <i>9=Niece/Nephew</i> <i>10=Other (Specify)</i> <i>999= Unknown</i>	Type of Offense(s) <i>P=Penetration</i> <i>H=Hands Off</i> <i>T=Touching</i> <i>O=Other (Specify)</i> (Mark 1,2, or 9 Below) <i>1=Yes</i> <i>2=No</i> <i>9=Unknown</i>				Frequency of Offense(s) <i>Total Number of Incidents</i> <i>999= Unknown</i>	Duration of Offense(s) <i>Total Number of Months</i> <i>(Note: If less than a month, record as 1 month)</i> <i>999= Unknown</i>	Method of Obtaining Victim <i>G=Grooming</i> <i>F=Force</i> <i>P=Ploy or Ruse</i> <i>W=Use of Weapon</i> <i>O=Other (Specify)</i> (Mark 1,2, or 9 Below) <i>1=Yes</i> <i>2=No</i> <i>9=Unknown</i>					If Used a Weapon, What Type of Weapon? <i>0=No Weapon Used</i> <i>1=Gun</i> <i>2=Knife</i> <i>3=Rope</i> <i>4=Bindings</i> <i>5=Other (Specify)</i> <i>9=Unknown</i>	Age at Offense <i>999= Unknown</i>	Gender <i>1=Male</i> <i>2=Female</i> <i>9=Unknown</i>	Physically Hurt During Sexual Assault <i>1=Yes</i> <i>2=No</i> <i>9=Unknown</i>	If Physically Hurt, What Type of Injury Occurred? <i>R=Bruised</i> <i>L=Lacerated</i> <i>K=Broken Bones</i> <i>B=Bitten</i> <i>H=Hit</i> <i>T=Tears of Genital Tissue</i> <i>O=Other (Specify)</i> (Mark 0,1,2 Below) <i>0=No Injury Occurred</i> <i>1=Yes</i> <i>2=No</i> <i>9=Unknown</i>						Source of the Information <i>E=Eval/Intake</i> <i>P=Polygraph</i> <i>S=Self Report</i> <i>C=Collateral</i> (Mark 1,2, or 9 Below) <i>1=Yes</i> <i>2=No</i> <i>9=Unknown</i>			
			<i>P</i>	<i>H</i>	<i>T</i>	<i>O</i> <i>(Specify)</i>			<i>G</i>	<i>F</i>	<i>P</i>	<i>W</i>	<i>O</i> <i>(Specify)</i>					<i>R</i>	<i>L</i>	<i>K</i>	<i>B</i>	<i>H</i>	<i>T</i>	<i>O</i> <i>(Specify)</i>	<i>E</i>	<i>P</i>	<i>S</i>
1.																											
2.																											
3.																											
4.																											
5.																											
6.																											
7.																											
8.																											
9.																											
10.																											
11.																											
12.																											
13.																											

Continue on the next page if you have additional offenses and victims...

CONTINUED...OFFENSE AND VICTIM INFORMATION

Offense	Age at Offense	Relationship to Victim	OFFENDER				VICTIM								Source of the Information											
			Type of Offense(s)	Frequency of Offense(s)	Duration of Offense(s)	Method of Obtaining Victim	If Used a Weapon, What Type of Weapon?	Age at Offense	Gender	Physically Hurt During Sexual Assault	If Physically Hurt, What Type of Injury Occurred?															
1=Referral Offense(s) 2=Disclosed Historical Offense(s) 3=Reoffense(s) since starting treatment 4=Disclosed when returned as a juvenile 5=Disclosed when returned as an adult 9=Unknown	999= Unknown	1=Stranger 2=Acquaintance 3=Neighbor 4=Friend 5=POT 6=Siblings 7=Parent 8=Cousin 9=Niece/Nephew 10=Other (Specify) 999= Unknown	P=Penetration H=Hands Off T=Touching O=Other (Specify) (Mark 1,2, or 9 Below) 1=Yes 2=No 9=Unknown	Total Number of Incidents 999= Unknown	Total Number of Months <i>(Note: If less than a month, record as 1 month)</i> 999= Unknown	G=Grooming F=Force P=Play or Ruse W=Use of Weapon O=Other (Specify) (Mark 1,2, or 9 Below) 1=Yes 2=No 9=Unknown	0=No Weapon Used 1=Gun 2=Knife 3=Rope 4=Bindings 5=Other (Specify) 9=Unknown	999= Unknown	1=Male 2=Female 9=Unknown	1=Yes 2=No 9=Unknown	R=Bruised L=Lacerated K=Broken Bones B=Bitten H=Hit T=Tears of Genital Tissue O=Other (Specify) (Mark 0,1,2 Below) 0=No Injury Occurred 1=Yes 2=No 9=Unknown	E=Eval/Intake P=Polygraph S=Self Report C=Collateral (Mark 1,2, or 9 Below) 1=Yes 2=No 9=Unknown														
			P	H	T	O					G	F	P	W	O	R	L	K	B	H	T	O	E	P	S	C
			(Specify)									(Specify)					(Specify)									
14.																										
15.																										
16.																										
17.																										
18.																										
19.																										
20.																										
21.																										
22.																										
23.																										
24.																										
25.																										
26.																										
27.																										
28.																										
29.																										
30.																										

FAMILY HISTORY OF...(Fill out for ONLY the family member(s) that these behavior(s) apply too)

68.	A. ALCOHOL ABUSE	B. DRUG ABUSE	C. MENTAL ILLNESS	D. SEXUAL OFFENDING		E. CRIMINAL HISTORY						F. DISCLOSED DURING			G. SOURCE OF THIS INFORMATION	
	1=Yes 2=No 9=Unknown 333=NA	1=Yes 2=No 9=Unknown 333=NA	1=Yes 2=No 9=Unknown 333=NA	Was the Perpetrator?	Perpetrated On?	Ever Arrested?	If arrested, what type of offense? (1=Yes; 2=No; 9=Unknown; 333=NA)						I=Initial Treatment RJ=Returning Juvenile RA=Returning Adult (1=Yes; 2=No; 9=Unknown; 333=NA)			1=Self-Report 2=Collateral 3=Both 9=Unknown 333=NA
				1=Yes 2=No 9=Unknown 333=NA	1=Yes 2=No 9=Unknown 333=NA		Viol	NV	Sex	Drug	Weap	Other	I	RJ	RA	
1.Mother																
2.Father																
3.Step-Mother																
4.Step-Father																
5.Sister																
6.Brother																
7.Step-Sister																
8.Step-Brother																
9.Aunt																
10.Uncle																
11.Step-Aunt																
12.Step-Uncle																
13.Grandmother																
14.Grandfather																
15.Step-Grandmother																
16.Step-Grandfather																
17.Niece																
18.Nephew																
19.Step-Niece																
20.Step-Nephew																
21.Female Cousin(s)																
22.Male Cousin(s)																
23.Step-Female Cousin(s)																
24.Step-Male Cousin(s)																
25.Other:																
26.Other:																
27.Other:																